Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL			Application Number 10/555,724						
				Filing Date 7/6/2006					
For FY 2009				First Named Inventor Bjorn De Bonnenfant			 1t		
Applicant claims small entity status. See 37 CFR 1.27				ner Name	 	Omoniyi A. Obayanju			
				Art Unit 4163					
TOTAL AMOUNT OF PAYMENT (\$) 65.00				Attorney Docket 4653 - 053368					
METHOD OF PAYMENT (cho	ck all that apply)								
Check Credit Card	Money Orde	r 🔲 Noi	пе	Other (please ide	entify):				
Deposit Account Deposit	Account Number:	23-065	50	_ Deposit Accoun	t Name: <u>Th</u>	e Webb Lav	v Firn	1 	
For the above-identifie	d deposit account, t	he Director is	hereby a	uthorized to: (cl	heck all that	apply)			
Charge fee(s) in	dicated below			Charge fee	e(s) indicated	below, except	for the	filing fee	
Charge any addi under 37 CFR 1.	tional fee(s) or under 16 and 1 17	payments of f	ee(s)	Credit any	overpaymen	ts			
WARNING: Information on this form	may become public. Cre	edit card inform	ation shoul	I not be included o	n this form. Pr	ovide credit card			
nformation and authorization on PTO-		unon files -	n mar. L	Subject to a	webores \		Cara contraction (
TEE CALCULATION (All the	A	an Company of the Company	n may Do	subject to a si	irenarge.)				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH F				EES EXAMINATION FEES					
Small Entity Small			ll Entity					l	
			<u>ee (\$)</u>	Fee (\$)	Fee (\$)			<u>'aid (\$)</u>	
Utility 330	82	540	270	220	11.0				
Design 220	110	100	50	140	70				
Plant 220	110	330	165	170	85				
Reissue 330	165	540	270	650	325				
Provisional 220	110	0	0	0	0			-	
2. EXCESS CLAIM FEES								Small Entity	
Fee Description Fee (\$)							<u>Fee (\$)</u>		
Each claim over 20 (including Reissues) 52							26		
Each independent claim over 3 (including Reissues)							20	110	
ultiple dependent claims						90	195		
<u>Total Claims</u> <u>- 20 or HP</u>	laims - 20 or HP Extra Claims Fee (S		<u>5)</u> _	Fee Paid (\$)			Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
HP = highest number of total claims	paid for, if greater than	20.				<u>Fe</u>	e (3)	Fee Paid (\$)	
Indep. Claims - 3 or HP	Extra Claims	s <u>Fee (</u>	<u>(\$)</u>	Fee Paid (\$)		N			
ID - b'abana a C'al	=	x	=	······································					
HP = highest number of independen 3. APPLICATION SIZE FEE	t claims paid for, if grea	ter than 3.							
If the specification and dray	vings exceed 100 sh	eets of paper	(excludin	g electronically	filed sequer	nce or compute	er listin	gs under	
37 CFR 1.52(e)), the ap	plication size fee du	e is \$270 (\$1	35 for sm	all entity) for ea	ach additions	ol 50 sheets or	fraction	thereof.	
See 35 U.S.C. 41(a)(1)(Total Sheets Extra			ach addit	ional 50 or fra	rtion theres	<u>f Fee (\$)</u>		Fee Paid (\$)	
	/50=			up to a whole nur		<u>ree (3)</u> x	==	rectain(3)	
4. OTHER FEE(S)			2114	,				Fees Paid (\$)	
Non-English Specification	, \$130 fee (no s	small entity d	iscount)					rees i aiu (D)	
Other (e.g., late filing surcharge): One-month Extension of Time (\$65.00)								65.00	
SUBMITTED BY									
7			Reg	istration No.					
Signature ()	whend h	Chy		orney/Agent)	28498	Telephone	41	2-471-8815	
Name (Print/Type) Richard L. Byrne						Date December 18, 2008			